Revised December 1974

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## CALIFORNIA LIQUID WASTE HAULER RECORD

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	1300	STATE DEPARTM	ENT OF HEALTH SFUND RECORDS CTR
PRODUÇER OF WASTE (Mu	st be fiffed by producer)		HAULER OF WASTE (Must be filled by hauler) 999000728
Name ALVININA OF AMERICA CODE NO.  Pick up Address 3/5/ NCOA AVE VERNON CALLE CODE NO.			ASBURY OIL CO.  13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392
Telephone Number 13 588 6 11 P.O. or Contract No.: A 187556			Pick Up:
Order Placed By: J. + FRON Date: 6-30-79			State Liquid Waste Hauler's Registration No. (if applicable):
Type of Process which Produced Wastes — UMINUM FABRICATORS  (Examples: metal plating, equipment cleaning, oil drilling — wastewater treatment, pickling bath, petroleum refining)			Job No.:No. of Loads or Trips:Unit No  Vehicle:
DESCRIPTION OF WASTE (Must be filled by producer)			The described waste was hauled by me to the disposal facility named below and was accepted.
Check type of wastes:  1. Acid solution  2. Alkaline solution	6. Tetraethyl lead sludge 7. Chemical toilet wastes	11. Contaminated soil and sand	I certify (or declare) under penalty of perjury that the foregoing is true and correct.  SIGNATURE OF AUTOMIZED AGENT AND TITLE
3. Pesticides	8. Tank bottom sediment	13. Latex waste	DISPOSER OF WASTE (Must be filled by disposer)
4. Paint sludge 5. Solvent	9. Oil  10. Drilling mud	14. Mud and water	Name (print or type): Offsating Sydicatiles  Site Address: Membry Park
Other (Specify)	NINUM OXIDES	& WATER	The hauler above delivered the described waste to this disposal facility and it was an acceptable
Components:  (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), Upper Lower % ppm organics (list), cyanide)			material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.  Quantity measured at site (if applicable):State fee (if any):
1.		🛭 🖺	Handling Method(s):
3.4			treatment (specify):  (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)  CODE NO.  disposal (specify):  other (specify):
5. 6.			If waste is held for disposal elsewhere specify final location:  Disposal Date:
Hazardous Properties of Waste:  pH none toxic flammable corrosive explosive			I certify (or declare) under penalty of perjury that the foregoing is true and correct.
Bulk Volume OT y /	20 gal tons	barrels other specify of the specify	The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.
Containers: (NUMBER)	drums acartons	bags Other TANK	
Physical State:	□ solid 🏿 liquid 📮	Kşludge	
	NONE	red to a licensed liquid waste hauler (if	
applicable). I certify (or declare) under pe that the foregoing is true and	correct.	E OF AUTHORINED ALEM AND TITLE	FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.  D.O.T. Proper Shipping Name